SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Planning and Zoning Depart PO Box 58 Washburn, WI 54891 (715) 373-6138 Bayfield County

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

Date Stamp (Recei

To To (A) 

Permit #: Date: Amount Paid: is 14-08 14-08 1-1-1 5-28

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. 5/2 SW TYPE OF PERMIT REQUESTED → \$64,000 Authorized Agent: (Person Signing Appl \* include donated time & XNon-Shoreland Existing Structure: (If permit being applied for is relevant to it) of Completion Proposed Construction Value at Time X Rec'd for Issuance Shoreland 7 LOCATION 6200 PROJECT Residential Use Commercial Use Proposed Use nunc Municipal Use Section dor Prop 1/4 raugers 50 w Relocate (existing)
Run a Business of Property New Construction Legal Description: ☐ Conversion Addition/Alteration (What are ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes— , Township inner 1/4 Project you applying for)  $\Box$ Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc Other: (explain) Special Use: (explain) \_\_\_\_\_ Conditional Use: (explain) Addition/Alteration Mobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ Accessory Building Addition/Alteration Accessory Building (Use Tax Statement) LAND USE SANITARY 10 behalf of Owner(s)) N, Range ዾ and/or basement with a Porch with (2<sup>nd</sup>) Porch with Attached Garage with (2<sup>nd</sup>) Deck with a Deck with Loft 1-Story Foundation 2-Story Basement 1-Story + Loft # of Stories No Basement Lot(s) S (specify) (specify) Mailing Address.
30120 Friendly L PIN: (23 digits)
04- CC CS 4 Agent Phone: Contractor Phone: City/State/Zip ٤ SS Proposed Structure Length: ◪▮◻ --continue Pole Seasonal Year Round PRIVY Vol & Page Town of: Use 0 -49 nittent) (specify) 36.70 M Zad ☐ CONDITIONAL USE HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Plumber: Agent Mailing Address (include City/State/Zip): 0, Pilip Distance Structure is from Shoreline: Distance Structure is from Shoreline: None None view Lot(s) No. w 2 -13-2 <u>♀</u> cooking & food prep facilities) 124146 Washburn Sysy Width: Width: Sanitary (Exists) Specify Type: 100 03 000 2 0000 Block(s) No. Portable (w/serv Compost Toilet None Privy (Pit) (New) Sanitary Specify Type: Municipal/City What Type of Sewer/Sanitary System Is on the property? |윽 Recorded Document: (i.e. Property Ownership)
Volume 605 Page(s) 7/ Lot Size Subdivision: feet feet Specify Type: CONUL Vaulted (min 200 gallon) □ B.O.A (): Dimensions ls Property in Floodplain Zone? ××  $\times |\times |\times |\times |$ × ×  $\times | \times |$ × ☐ Yes Height: Height: Cell Phone: Plumber Phone 2000 Acreage O OTHER □ No Are Wetlands (22/ Square Footage 1596 Present? N X S S ZWell | Water City

Sequelaries Staff (If there are Multiple O (If you are signing on the Deed Allow FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES was accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correctly of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ formation I (Ne) a the addpose of insp ers must sign or letter(s) of authorization must accompany this application) er(s) a letter , correct and complete. I (we) acknowledge that I (we) ro issue a permit. I (we) further accept liability which administering county ordinances to have access to the Date Date ì  $\aleph$ 7014

Attach

Copy of Tax Statement

Purchased the property send your Recorded Deed

Address to send permit 30/20

Triend

Cheller

abshi

	(9) Stake or Mark Proposed Location(s) of New NoTice: All Land Use Permits Expire On For The Construction of New One & Two Family The local Town, Village Permit Benied (Date):  Permit Denied (Date):  Permit Denied (Date):  Permit Denied (Date):  Permit Benied (Date):  Permit Denied (Date):  Permit	(3) Show Indicate: (2) Show Indicate: (3) Show Indicate: (4) Show Indicate: (5) Show Indicate: (6) Show Indicate: (7) Show any (7): (8) Show any (1): (9) Show any (1): (1) Show any (1): (1) Show any (2): (1) Show any (2): (1) Show any (2): (2) Show any (3): (3) Show any (4): (4) Show any (5): (5) Show any (6): (6) Show any (7): (7) Show any (1): (8) Sethacks: (measured to the closest point) (8) Sethack from the Established Right-of-Way  Feet Sethack from the North Lot Line  Sethack to Septic Tank or Holding Tank  Sethack to Privy (Portable, Composting)  Feet  Sethack to Privy (Portable, Composting)  Feet  Sethack to Privy (Portable, Composting)  Sethack to Septic tank or Holding Tank  Sethack to Privy (Portable, Composting)  Sethack to Septic tank or Holding Tank  Sethack to Septic tank or Holding Ta
Hold For Affidavit: Hold For Fees:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (STI) Drain field (DF), Holding Tank (HTI), Privy (P), stake or Mark Proposed Location(s) of New Construction, Septic Tank (STI), Drain field (DF), Holding Tank (HTI), Privy (P), stake or Mark Proposed Location(s) of New Construction of Use Parmits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  The local Town, Village, City, State or Federal agencies may also require permits.  Sanitary Date:  ## of bedrooms:  ##	I Frontage Road (Name Frontage Road) I Frontage Road (Name Frontage Road) Is on your Property Is on your P
Company (C.C.)	I) Privy (P), and Well (W).  regun.  Swelling Code.  Adavit Required President Attached President Presiden	Is must be approved by the Planning & Zoning Dept.  Is must be approved by the Planning & Zoning Dept.  It ion Measurement  Ion Measurement  Feet Feet  In Feet  In Feet  In Feet Feet  In From which the setback must be measured must be visible from fine from which the proposed site of the structure, or must be

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

'ayfield County
lanning and Zoning Depart.

PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN THE STATE OF THE S

Date Stamp (Received) MAY 29 2014

Permit #: Refund: Date: Amount Paid: 75.00-14 子のこのよ St. 28

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

	☐ Shoreland →		Section 39	1/4,	PROJECT LOCATION	Authorized Agent: (Person	Contractor:	Address of Property:	Selly, Day	TYPE OF PERMIT REQ	the little of the boats, the property was a second second
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶	Section $39$ , Township $49$ N, Range $4$	1/4   Gov't Lot   Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: Lester Buildings-Butch Boehler	address of Property: 32105 West gate Road	selly, David Warren	TYPE OF PERMIT REQUESTED → X LAND USE ☐ SAN	
2000	ke, Pond or Flowage	er, Stream (incl. Intermittent)  If yescontinue	W	CSM Vol & Page	04-008-2-49	Agent Phone:	Contractor Phone: Plumber: 800 826-4439月ゼー7101	city/state/zip: Washbur	32105 Westyate Rd Washburn, WI 5489/	□ SANITARY □ PRIVY	
			Bay View	1.0t(s) No.	7-20	Agent Mailing Address (include City/State/Zip):	Plumber: 7/0 /	City/State/Zip: Washburn, WI 54891	gate Rd Washbu	☐ CONDITIONAL USE	
	Distance Structure is from Shoreline : fee	Distance Structure is from Shoreline:		Block(s) No. So	-100-66000 VI	ss (include City/Stati		1691	hbann, w	SE SPECIAL USE	
	<b>-</b>	]	Lot Size 4,5 Acres	A A Bigelow	11 2 8	e/Zip):				USE B.O.A	
_	□ Yes	Is Property in A	Acreage 4.5 Ac Res	06	ocument: (i.e. Property Ownership)	Written Authorization Attached  Yes No	Plumber Phone:	7152092191	Telephone: 7/5 373-556	A. OTHER	
	≱ ∏ No	Are Wetlands Present?	Res		Ownership)	norization	ne:	2191	73-5567	ER	

Proposed Construction:	Existing Structure	The state of the s			1	32550,00 ☐ Conversion	`		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)	in the state of th	Property	Run a Business on	☐ <b>Relocate</b> (existing bldg)	□ Conversion	☐ Addition/Alteration	New Construction	Project
	y is relevant to it)	res	☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	爻 1-Story	# of Stories and/or basement
Length: 36	Length:	a month of the same and the sam					Year Round	□ Seasonal	Use
				X None		3	□ 2	<u>п</u>	# of bedrooms
Width: 30 Height: 10' (6')	Width: Height:	None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: Con Vertices	□ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
0,6,,					on)	Tester [	Xwell	☐ City	Water

Non-Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes—continue

xisting Structure: (if permit being applied for is relevant to it) Length:		54	Height:
roposed Construction: Length:	0	Sider J	Height: /

		**************************************		
Proposed Use	<	Proposed Structure	Dimensions	ns Square Footage
		Principal Structure (first structure on property)	×	)
		Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	×	1
X Residential Use		with a Porch	×	
		with (2 <sup>nd</sup> ) Porch	×	
		with a Deck	×	)
		with (2 <sup>nd</sup> ) Deck	×	
☐ Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	×	)
		Mobile Home (manufactured date)	×	
		Addition/Alteration (specify)	×	
Municipal Use	<b>⋈</b>	Accessory Building (specify) Garage	(30' X36'	61) 1080
		Accessory Building Addition/Alteration (specify)	×	)
Ban'd for Issuance				
1100 11 1000000000000000000000000000000		Special Use: (explain)	( X	
		Conditional Use: (explain)	×	)
		Other: (explain)	( x	)
23 . 77 . 27		And Applications of the Control of t		

Secretarial Staff

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and my resemble tige for the purpose of inspection. ie My Wanes. 2-20-14

Authorized Agent:

Owner(s):

(If there are Multiple Owners

listed on the Deed All Owners must

Address to send permit 32105

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

westgate 刻 Washburn, E)

Date

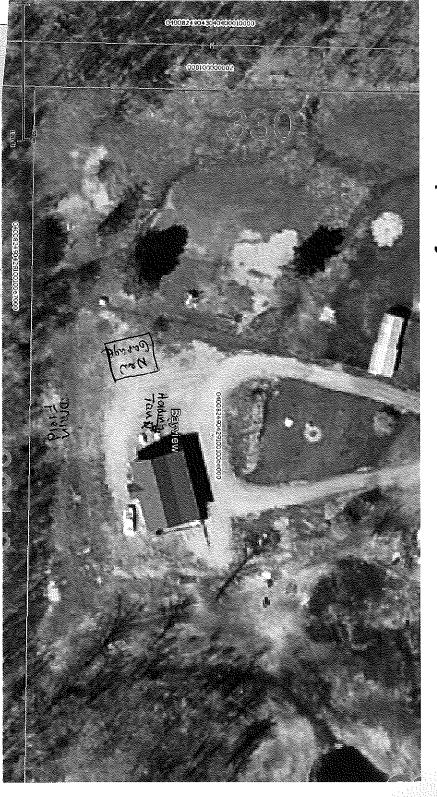
Date

w. Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of: (2) Show / Indicate:

Proposed Construction
North (N) on Plot Plan

## Warren Property



Setback from the **North** Lot Line Setback from the **South** Lot Line Setback from the **West** Lot Line Setback from the Established Right-of-Way Setback from the Centerline of Platted Road Setback to **Drain Field** Setback to **Privy** (Portable, Composting) Setback from the East Lot Line etback to Septic Tank or Holding Tank S" Feet Feet Feet Feet Feet Feet Setback to Well Elevation of Floodplain Setback from Wetland
20% Slope Area on property Setback from the River, Stream, Setback from the Bank or Bluff Setback from the Lake (ordinary high-water mark) Creek \_ Yes □ Feet Feet Feet

Feet

of a structure within ten (10) feet of the arked by a licensed surveyor at the own of the minimum required set owner's expense. ack, the boundary line from which the setback must be measured must be visible from

to the placement or construction of a structure more than tan (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner to the other previously surveyed at the structure, or must be add to a licensed surveyor at the namer's expense.

## Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One {1} Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

tion:	Date of Re-Inspection:	Inspected by: ( COLTEN STORE - M) UP ONTO	MINTERS OF	Inspected by:	Date of Inspection: 6 3 14
る。	Zoning District Lakes Classification				Inspection Record:
□ No	∠∆ves	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Lin	XYes □ No	Was Parcel Legally Created XYes □ No Was Proposed Building Site Delineated XYes □ No
	#*	y Variance (B.O.A.) Case #:	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No		Granted by Variance (B.O.A.)  Granted by Variance (B.O.A.)  Case #:
□Yes \□Mo □Yes ♥No	Affidavit Required □ Yes □ M Affidavit Attached □ Yes □ M	□ Yes XNo	Mitigation Required Mitigation Attached	□ Yes (Deed of Record) XNo □ Yes (Fused/Contiguous Lot(s)) XNo □ Yes XNo	Is Parcel a Sub-Standard Lot Yes Is Parcel in Common Ownership Yes Is Structure Non-Conforming Yes
			14-01-0	Permit Date: 6-4	Permit #: 14-0100
				Reason for Denial:	Permit Denied (Date):
	Sanitary Date:	# of bedrooms:		Only) Sanitary Number:	Issuance Information (County Use Only)

Condition(s):Town, Committee or Board Conditions Attached? 12 Yes Z' WATE X No -(If No they need to be attached.) あけれてで 2-MODIFZ というとなり Sold of the second Hos Jate of Approval.

Hold For Affidavite.

STBA.

Signature of Inspection

Hold For Feers

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